

Community Protection Program Improvements help clients thrive and protect communities



The Department of Social and Health Services has strengthened the Community Protection Program in the last two years to provide better treatment and education, anticipate problems and structure living arrangements to minimize crises.

Independent certified therapists complete risk assessments on all clients being considered for the Community Protection Program. Only those deemed to be at risk to offend or re-offend are referred to the program. Each client in the program has a case manager from the DSHS Division of Developmental Disabilities (DDD).

Case managers work with therapists, residential and day program providers, involved family members, mental health professionals and others as a treatment team for the clients. The team writes and implements care plans for their clients. These plans identify specific issues such as emotional and behavioral problems, and create a plan for successful intervention strategies and appropriate supervision levels.

Frequent Treatment Team Meetings

Treatment teams meet at least once every 90 days to develop, implement and monitor clients' individualized supports and services. They also work with representatives of other state agencies and police.

The teams create detailed crisis planning for clients with particularly challenging behaviors. The crisis plan includes everyone involved in the person's care plus other community agencies that could be involved in a crisis. The plan requires collaboration and coordination with

family, treatment programs for sexual offenders, local mental health providers, state hospitals, the DSHS Juvenile Rehabilitation Administration, Department of Corrections and local police.

Increased Community Safety

To increase community safety, the contracted agencies which provide daily residential and supervisory services to Community Protection clients must obtain site approval from DDD prior to serving a Community Protection Program client.

Approval for a residence comes after the provider and a DDD case manager have inspected the proposed property and its immediate neighborhood at different times and days of the week. The goal is to ensure the proposed residence is not close to areas where children commonly gather such as parks, schools, or child care facilities.

Investments in Training and Certification

DDD has invested more resources to increase the quality of training for staff working in these specialized programs. New training material includes a video and manual that provide consistent training for all residential, day program and case managers.

Employees of private providers who abuse or neglect clients are banned from working with vulnerable adults. DDD now requires a corrective action plan from the agency when abuse or neglect takes place. The plan must address issues related to training and supervision of staff and program operations.

All Community Protection agencies go through a certification process at least every two years that reviews the quality of services the agency provides to these clients. Since early 2004, inspections are made by a different division of DSHS. Certification improvements include:

- Unannounced inspections
- Private interviews with Community Protection clients to determine if they have complaints about the people who support them
- Re-inspections after a citation for problems, to ensure problems are resolved properly
- Shorter certification periods, provisional certification, or revoking the certification if a contracted agency has a serious citation
- Use of an electronic incident reporting system so that assaults, injuries, illnesses and other serious events are reported to supervisors quickly. DDD staff also receive specialized training to ensure incidents are reported quickly
- Each of DDD's six regions has quality assurance supervisors who regularly review critical incidents and DDD headquarters reviews all incidents on a monthly basis
- Since 2003 every DDD client death has undergone a four-part review, including reports from the appropriate case manager, residential provider and quality assurance staff. Those reports are reviewed by the Central Office Mortality Review